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**CENTRAL LOCATION****FACSIMILE COVER SHEET**

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**JUL 09 2007**

**Examiner:** Flores, Leon

**Group:** 2611

**Date:** July 9, 2007

**Client Code:** 3226

**Facsimile No.:** 571-273-8300

**From:** F. James Coe, Esq.

**Subject:** Amendment

**Docket No.:** 3226.1024-001

**Applicant:** Maneesh Soni, *et al.*

**Application No.:** 10/731,730

**Filing Date:** December 9, 2003

Number of pages including this cover sheet: 15

Please confirm receipt of facsimile: Yes  No

**Comments:**

738119\_1

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10/731,730

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The claims fee has been calculated as shown below:

			SMALL ENTITY		OTHER THAN SMALL ENTITY	
			RATE	ADDIT. FEE	RATE	ADDIT. FEE
TOTAL	20	MINUS	* 20	0	X 50	\$
INDEP	6	MINUS	++ 5	1	X 200	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP CLAIM			+ \$180	\$	+ \$360	\$

\* not fewer than 20

++ not fewer than 3

TOTAL = \$ 100TOTAL = \$ 0

**The Application Size Fee has been calculated as shown below:**  
*(Effective for cases filed on or after December 8, 2004)*

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY	
			Rate	Total Amount Owed	Rate	Total Amount Owed
21	100	0	X \$125	\$ <u>1</u>	X \$250	\$ <u>1</u>

**Petition for Extension of Time**

Applicant hereby petitions to extend the time to respond to the Office Action dated March 8, 2007 for 1 month(s) from June 8, 2007 to July 8, 2007. The appropriate fee is set forth below.

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Please charge Deposit Account No. 08-0380 for the following fees:

<input checked="" type="checkbox"/>	Petition for 1 month Extension of Time	\$ 60
<input checked="" type="checkbox"/>	Claims Fee	\$ 100
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____
		\$ _____
		\$ _____
		<b>TOTAL: \$ 160.00</b>

A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____
		\$ _____
		\$ _____
		<b>TOTAL: \$ _____</b>

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By   
 F. James Coe  
 Registration No. 46,630  
 Telephone (978) 341-0036  
 Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated: July 9, 2007